



BUSINESS OUTLINE/SHOP OPENING

Business Owner(s) Name(s): _____ **Ph #:** _____

Mailing Address: _____

Emergency Contact Name & Ph #: _____

Name of Business: _____

Services /Retail - Description of services provided, items for sale, etc.

Location of Business: _____ **Ph #:** _____

Days & Hours of Operation: _____ **# of Employees:** _____

Property Owner: _____ **Ph #:** _____

Mailing Address: _____ **Ph #:** _____

Any modification of building needed to operate business? If yes, what? _____

A copy of the lease must be presented at the time of application to show proof of tenancy. Business owner agrees, by signing below, not to exceed scale/scope of commercial use specifically permitted within Kennebunkport Land Use Ordinance, and as described above.

Business Owner

Date